# PERSONIX LAYOUT STATE OF ARIZONA - HMA **Identification Card** (Rev. 09/16/04)

**Insert Front** 

**Insert Back** 

This

the

front is

correct.

medication.

This

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your new member

₽ card

₫ the

Arizona

card when you receive medical care or prescription Benefit Options Program. You will need to show this

Please verify that your information on you need

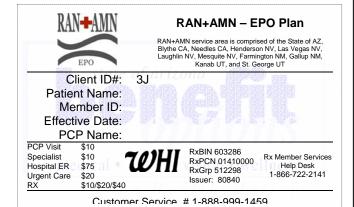
additional

cards,

CITY, ST ZIP **ADDRESS EMPLOYEE NAME** 

PO Phoenix AZ 85067-3396 Box 33396

**Benefit Options-Harrington** 



#### This card and/or pre-certification does not guarantee coverage.

Beech Street Corporation Nationwide PPO and Affiliated Networks: BESTCARE Network NewCI Profession Administration Profession Profes NEL. LA MS

Travel network applies outside the service area.

To verify a provider's status in the EPO network call: 1-888-999-1459 www.myazhealth.com

Send all claims to: AZ Benefit Options - Harrington PO Box 785

Pueblo, CO 81002-0785 Payor ID# 95266

#### PRE-CERTIFICATION REQUIREMENTS

ATTENTION EMPLOYEES, HOSPITALS, AND PHYSICIANS: Call before a scheduled hospital admission or within 2 work days after an emergency admission, otherwise benefits may be reduced or denied. You must also call to pre-certify specific outpatient service

For pre-certification call: 1-888-999-1459

assigned due to an invalid PCP record number reported during the enrollment form. Please note, your PCP may have been auto-Social Security Number) to protect your privacy call Customer Services at 1-888-999-1459 need a correction made or have a question, please card uses a unique 9 digit number (not

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